

# Medicaid Spending Likely to Outpace Economy

BY MARY ELLEN SCHNEIDER  
New York Bureau

The price tag for medical assistance under Medicaid is expected to reach nearly \$674 billion over the next decade, with the federal government picking up more than \$383 billion of the cost, according to projections from the Centers for Medicare and Medicaid Services.

Under this estimate, which was part of the first annual actuarial report on the financial outlook of Medicaid, the program's expenditures for medical assistance are projected to grow on average 7.9% per year for the next 10 years, outpacing the 4.8% growth in the U.S. gross domestic product.

"This report should serve as an urgent reminder that the current path of Medicaid spending is unsustainable for both

federal and state governments," Mike Leavitt, secretary of the Health and Human Services department, said in a statement. "If nothing is done to rein in these costs, access to health care for the nation's most vulnerable citizens could be threatened."

Medicaid spending for fiscal 2007 was about \$333 billion, with the federal government paying 57% of the cost and the states picking up 43%. The average per-

person spending for medical services was \$6,120 in fiscal year 2007, with more spent on older and disabled enrollees and less on children. The average per-person spending was \$2,435 for nondisabled children and \$3,586 for nondisabled adults, compared with \$14,058 for older adults and \$14,858 for disabled beneficiaries.

Average Medicaid enrollment also is expected to increase over the next decade, according to the report, from 49.1 million in FY 2007 to 55.1 million by FY 2017.

The projections are no surprise given the rising cost of health care overall, said Judith Solomon, senior fellow at the Center on Budget and Policy Priorities,

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a research organization that analyzes state and federal budget issues.

For states, which pay a significant share of Medicaid costs, the 10-year projections are likely to be mainly academic, she said, as they struggle to balance this year's budgets in a worsening economy.

The report offers an analysis of past trends in Medicaid and a 10-year projection of expenditures and enrollment, according to CMS.

The data and assumptions of the report are based largely on three sources: data submitted to CMS from the states; the boards of trustees of the Social Security and Medicare programs; and National Health Expenditure historical data and projections. The analysis is based on current law and does not make predictions of possible policy or legislative changes. ■

The full report is available online at [http://cms.hhs.gov/ActuarialStudies/03\\_MedicaidReport.asp](http://cms.hhs.gov/ActuarialStudies/03_MedicaidReport.asp).

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**INTRODUCTION**  
Wm. Philip Werschler, MD, FAACS, FAAD

**FACIAL SHAPING AGENTS – ADVANCED USES OF FILLERS FOR STRUCTURE, VOLUME, AND CONTOUR**  
Wm. Philip Werschler, MD, FAACS, FAAD

**LIVE INJECTIONS AND COMMENTARY**  
Wm. Philip Werschler, MD  
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### PROGRAM DESCRIPTION

Cosmetic dermatology is a relatively new branch of the specialty that is experiencing dynamic growth. Recent advances in treatment options to improve the appearance, particularly of the aging face, have made this area of dermatology a challenging endeavor for clinicians but, at the same time, an intervention with typically highly satisfying results for both patients and clinicians who are trained and skilled at using these techniques. In addition to the cosmetic benefits for patients who seek rejuvenation due to age-related changes, facial fillers and volumizers, in particular, are useful for mitigating the deleterious effects of modern treatment regimens for patients with HIV/AIDS.

Successful and safe placement of these products—including botulinum toxin-A injections, as well as injectable skin fillers such as hyaluronic acid, poly-L-lactic acid, and calcium hydroxylapatite—demands that dermatologists, plastic surgeons, and other health care practitioners develop a thorough understanding of the underlying processes of facial changes. In addition, it is crucial that health care professionals who wish to offer these services in their practices undergo the appropriate training. Finally, clinicians must be thoroughly familiar with the advantages and drawbacks of each of the available products in order to choose the best one—or combination—to accommodate individual patients' needs.

To meet these needs, this webcast featuring injection techniques will present a comprehensive review of the new dermal fillers and volumizers and their appropriate uses in the context of non-surgical total facial rejuvenation. The program will cover facial aging, facial treatment zones, regional facial contouring, an overview of filling agents, and the role of dermal augmentation. Particular injection techniques will be demonstrated to provide background for physicians who wish to pursue hands-on training.

### INTENDED AUDIENCE

This activity has been developed for dermatologists, plastic surgeons, fellows, and residents in plastic surgery and dermatology.

### FACULTY DISCLOSURES

Disclosures are available on the educational webcast located at [www.facialshapingfillers.com](http://www.facialshapingfillers.com) and [www.sdefderm.com](http://www.sdefderm.com).

### EDUCATIONAL OBJECTIVES

By participating in this educational activity, clinicians should be able to:

- Explain the underlying soft and hard tissue (eg, fat, dermis, bone cartilage, and dentition) changes that occur as a result of intrinsic and extrinsic aging factors that affect the face, and the physical manifestations of those changes
- List and describe the state-of-the-art modalities currently available for rejuvenation and body sculpting to improve the appearance of biometric volume loss in patients regardless of etiology
- Discuss the indications and techniques for injecting cosmetic botulinum toxin-A, and fillers and volumizers including hyaluronic acid, poly-L-lactic acid, and calcium hydroxylapatite
- Define and explain the category of products referred to as cosmeceuticals.

### ACCREDITATION STATEMENT

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the Elsevier Office of Continuing Medical Education (EOCME) and Skin Disease Education Foundation (SDEF). The EOCME is accredited by the ACCME to provide continuing medical education (CME) for physicians.

### CME CREDIT STATEMENT

The EOCME designates this educational activity for a maximum of 1.0 *AMA PRA Category 1 Credit(s)™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Term of Approval:** June 2008—June 30, 2009.

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